



# Live Oak

CLASSICAL SCHOOL

P.O. Box 647  
Waco, TX 76703-0647  
254-714-1007

## TEACHER QUESTIONNAIRE

(Applicants for Grades 2-6)



### Parents:

Please complete the top portion of this form and give to your child's current teacher. Ask that it be completed and returned directly to Live Oak Classical School.

### PARENTS:

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

My son/daughter is applying for admission to Live Oak Classical School. Please complete this form and return it directly to Live Oak Classical School. I authorize the release of my child's records and evaluative data to Live Oak Classical School and hold you harmless for any information provided.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### CURRENT TEACHERS:

Live Oak Classical School appreciates an honest assessment of the above named student. All information will be kept confidential, will not be shared, nor will it become a part of the applicant's permanent record.

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

### SOCIAL/EMOTIONAL

	EXCELLENT	GOOD	AVERAGE	NEEDS IMPROVEMENT	NOT APPLICABLE
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Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to obey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SCHOOL PERFORMANCE

	EXCELLENT	GOOD	AVERAGE	NEEDS IMPROVEMENT	NOT APPLICABLE
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLEASE COMMENT ON THE FOLLOWING:

How would you describe this student?

Parental support and involvement:

Has outside help been recommended?  Yes  No      Been given?  Yes  No

*Please elaborate:*

Applicant's social and emotional development compared with others:

Describe student's response to direction and/or correction:

Special needs:

Strengths:

Weaknesses:

Please attach additional comments: